

MILE BLUFF CLINIC, LLP

Mauston & New Lisbon, Wisconsin

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application.

Date:

Applicant Information

Name (first, middle, last)

Day Telephone
()

Address

Evening Telephone
()

City, State, Zip Code

Social Security #

Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum wage requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any *pending* criminal charges against you? Yes No
If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at Mile Bluff Clinic, LLP before? Yes No

Have you every worked at Mile Bluff Clinic, LLP before? Yes No

Position Applying For

Part-Time or Full-Time Desired

Salary Preference

When can you start?

How were you referred to Mile Bluff Clinic, LLP? Agency Walk-in Friend/Relative
 Newspaper School Other _____

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using medical equipment.

Education

School	Name and Location (city, state)	Years Attended	Major/Minor/Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number:

2) state issued:

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes No

Registration or License Number	State Issued	Expiration Date

Employment History (start with most recent; use separate sheet if necessary).

Name of Employer:	Telephone: ()
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary – start: Salary – end:	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone: ()
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary – start: Salary – end:	Reason for Leaving:
Name of Employer:	Telephone: ()
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary – start: Salary – end:	Reason for Leaving:
Name of Employer:	Telephone: ()
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary – start: Salary – end:	Reason for Leaving:

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name		Day Telephone: ()
		Evening Telephone: ()
Address		
Relationship:		How long known?
Name		Day Telephone: ()
		Evening Telephone: ()
Address		
Relationship:		How long known?
Name		Day Telephone: ()
		Evening Telephone: ()
Address		
Relationship:		How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize Mile Bluff Clinic, LLP to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by Mile Bluff Clinic, LLP, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Mile Bluff Clinic, LLP is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or Mile Bluff Clinic, LLP's, unless specifically provided otherwise in a written employment contract. I further understand that no Mile Bluff Clinic, LLP employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of Mile Bluff Clinic, LLP, and then only be means of a signed, written document.

Signed by Applicant: _____

Date: _____

Thank you for your interest in Mile Bluff Clinic, LLP.